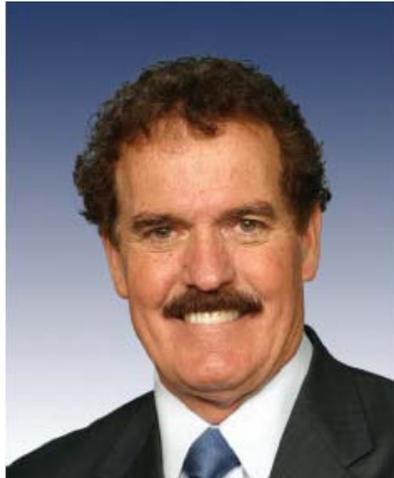




March 2006

## Medicare Part D Enrollment



Congressman Phil Gingrey

### Enclosures:

- Rep. Gingrey's complete guide to hosting a Medicare Part D Enrollment Workshop in your district
- Letter to constituents in the healthcare community, included:
  - o Contact information specifically for pharmacists
  - o CMS Resources for Medicare Part D Troubleshooting, "what if" scenarios
  - o Fact sheet from DMS detailing the government's plan for state reimbursement
- Powerpoint presentation given during the workshop
- Best Practices document providing additional information

### Staff Contact:

- Becky Ruby with Congressman Gingrey, 225-2931
- Alisha Perkins with Congressman Doolittle, 225-2511
- Katie Strand with Chairman Pryce, 226-9000

# Hosting a Medicare Part D Enrollment Workshop

*Compliments of Congressman Phil Gingrey, M.D.*



## Event Overview:

Congressman Phil Gingrey, M.D. has hosted a number of highly successful Medicare Part D enrollment workshops. At these workshops, Congressman Gingrey educates seniors about the new benefit, and Gingrey staff and volunteers provide enrollment assistance. The events offer seniors the opportunity to work one-on-one with trained volunteers to narrow their choices based on individual needs, and allow seniors to speak with Part D plan providers in the state of Georgia to learn more about available plans.

Between 200 and 500 seniors attend each event, and approximately one quarter of those seniors enroll in a Part D plan at the event.

The Medicare Part D Enrollment Workshops are set up as follows: As seniors arrive, they are given a packet of information, including a Medicare Part D enrollment worksheet [*see attachments*]. The event begins with Rep. Gingrey giving a presentation on Medicare Part D and walking seniors through the enrollment process on a PowerPoint. A Medicare representative then joins Rep. Gingrey for a question and answer session. After the presentation, seniors are invited to visit computer labs, where trained office staff and volunteers assist in (1) narrowing a senior's choice of plans using the Medicare Part D enrollment worksheet or (2) actually enrolling a senior in a chosen plan. Georgia's 19 plan providers are invited to the event, and set up tables to answer questions and provide additional information. Representatives from the Social Security Administration are also present to assist with dual eligibility enrollment (for seniors qualifying for both Medicare and Medicaid).

From these events, Gingrey's office has learned many lessons that can help other Congressional offices organize and execute successful Medicare Part D Enrollment Workshops in their districts.

## Partners invited to the Workshop:

- Centers for Medicare and Medicaid (CMS) regional office
- Medicare Today (educational arm of CMS)
- Georgia Council on Aging
- Georgia Cares (part of Georgia's State Health Insurance Program [SHIP])
- Social Security Administration
- AARP
- Cobb County Senior Services
- Georgia's Medicare Part D plan providers



## **Advance preparation:**

Training Staff: Rep. Gingrey's district staff was trained by a CMS representative to use the on-line Medicare Part D enrollment tool. Following the training, district staff members spent several hours becoming acquainted with the online tool at [www.Medicare.gov](http://www.Medicare.gov). Training the district staff serves an additional purpose: seniors now can stop by the Gingrey office and staff members are available provide individual enrollment support.

Outreach to Volunteers: Gingrey's office solicited volunteers trained to operate the Medicare Part D web-based enrollment tool from state and local organizations who cater to the senior population. CMS, Georgia Cares, Medicare Today, County Senior Services, and the Georgia Council on Aging were all able to provide volunteers to help enroll seniors. Congressional offices should contact state and local government for a list of organizations.

Outreach to Medicare Part D Plan Providers: We invited Medicare Part D plan providers in the state of Georgia to bring materials and representatives to the event to discuss their plans with seniors. CMS provided our office with a list of plan providers and contact information for the state of Georgia.

Folders: We compiled folders with brochures available from CMS, in addition to a Medicare Part D worksheet [see attachments], which seniors filled out with the information they would need to choose a plan and enroll. This information includes: medications they take, the pharmacy they use, and their out-of-pocket drug costs.

Publicity: We created a flyer with the Workshop details: time/date/location, directions to the event location, brief information on Medicare Part D, and a list of information seniors need when choosing a plan and enrolling [*see attachments for flyer*]. We mailed these flyers to seniors in proximity to the event (by county or city). We also posted flyers in senior centers, retirement homes, pharmacies, housing authorities, and churches.

Community Calendars: We listed the event in local newspaper community calendars, church bulletins, and senior center monthly calendars.

Press: We utilized radio PSAs and community calendar listings to publicize the event. We pitched the event and a preview article to the local paper, and booked the Congressman on local radio the morning before the event. [*See attachments for calendar listing, preview article, and post-event article and photographs*].

## Workshop Details

### Event location:

The Gingrey workshops have been held at local elementary schools, college campuses and senior centers. The chosen location should have ample parking; computer labs; an auditorium; and a common space for plan providers to set up tables.

### Sample Event Schedule:

**9:30 AM:** Gingrey staff members welcome seniors and hand out folders and pens as seniors enter the auditorium.

**10:00-11:00 AM:** Rep. Gingrey welcomes seniors, discusses the importance of Medicare Part D, and walks seniors through a PowerPoint explaining how to enroll.

**11:00 AM:** Seniors are invited to do one of three things:

- Stay in the auditorium for a Q and A session with Congressman Gingrey and a CMS representative
- Visit a computer lab for assistance enrolling in a specific plan or to get a list of plans that best fit their prescription drug needs.
- Visit the provider tables to learn more about a specific Medicare Part D plan.

**11:00 AM – 2:00 PM:** Seniors visit compute labs and plan provider tables.

Computer Labs: The Gingrey workshops utilize computer labs staffed with Gingrey staff members and volunteers trained to use the web-based Medicare Part D enrollment tool.

Provider Tables: The 19 providers offering Part D plans in Georgia are invited to attend the event. Tables are arranged in the hallways and in a main common space outside the auditorium. Most providers bring posters and a host of information on the details of their plans. Providers are NOT allowed to enroll seniors, only to educate them about a specific plan.

Social Security and CMS Representatives: Representatives from CMS and Social Security are present at the event to assist with questions volunteers are unable to answer and to help dual eligibility seniors enroll in a Medicare Part D plan (“dual eligibility” seniors are those eligible for both Medicare and Medicaid).

## Health Fair:

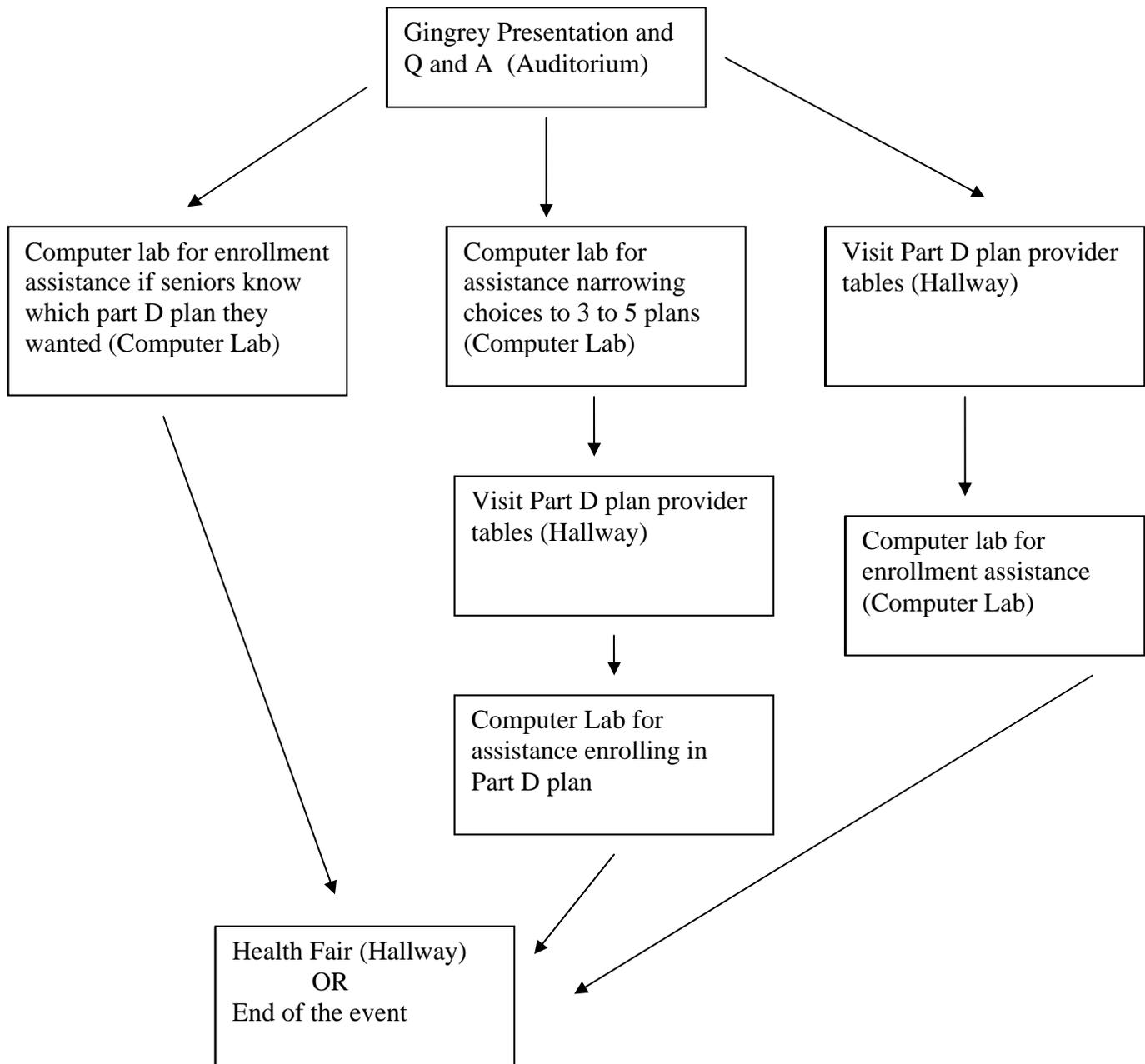
Some Enrollment Workshops hosted by Rep. Gingery have included a health fair for seniors.

Outreach to healthcare industry: Pharmacies, pharmaceutical companies, and community health organizations are invited to bring information on health-related issues and screening equipment to the event, and set up at tables adjacent to the Medicare Part D plan providers. Many organizations provide ‘give-aways’ to the seniors (pill cutters, calendars, bags for Part D information, etc).

A sampling of the organizations participating in the health fair component of our event:

- The Cobb County Department of Health provided flu shots for \$20 (which could be billed to Medicare at the event with proof of Medicare card)
- Vision screening was provided by Prevent Blindness Georgia
- Blood pressure screening was provided by CVS pharmacy, which also provided Medicare Part D information
- The Georgia Pharmacy Association hosted a “brown bag” screening (pharmacists counseled seniors about the potential complications of medications they were taking and checked for any drug interactions)
- Information on diabetes management was provided by LifeScan
- Kroger Pharmacy handed out bags to carry Part D information, and had physicians on hand to answer questions about prescription drugs





## Medicare Workshop Options

Seniors are given a map of the school which marks the location of the auditorium, computer labs and common area, and detailed the activities taking place in each area.

## Supplemental Materials:

- (1) Additional information about Medicare Part D and enrollment
- (2) Gingrey workshop flyer
- (3) Newspaper articles
- (4) CMS Congressional contacts by region
- (5) Rep. Gingrey's PowerPoint Presentation, including the Medicare Part D enrollment worksheet



## Useful information about Medicare Part D:

The initial enrollment period has begun for Medicare Part D, the new, voluntary prescription drug benefit available to all seniors. Seniors can sign up now for Medicare Part D plan, and the initial enrollment period continues through May 15, 2006. Coverage began January 1, 2006, or begins in the month following enrollment.

There are four easy ways to sign up for Medicare Part D:

- \*\* Call 1-800-MEDICARE, where trained professionals can provide personalized help to senior 24 hours a day, 7 days a week.
- \*\* Visit [www.Medicare.gov](http://www.Medicare.gov) where you can access information about Part D and use an on-line comparison tool to examine the different plans available in your state.
- \*\* Watch your mailbox for information from CMS, Social Security, and any unions or former employers through which you currently have prescription drug coverage.
- \*\* Stop by Congressman X's office between the working of 9 am and 5 pm. Staff is trained to assist you in the enrollment process.

### What seniors will need to enroll:

- A list of the prescription drugs you are currently taking, including the names and doses. This will help ensure you choose a plan that meets your personal needs.
- Information about any prescription drug coverage you currently have, be it employer or union sponsored or a Medigap policy.
- The name and address of the local pharmacy you use to fill prescriptions.
- The out-of-pocket amount you spend on prescription drugs each year.
- Your Medicare enrollment information.

### Below are some common questions and answers about Medicare Part D:

Q: How does Medicare Part D work?

A:

- \* Medicare Part D is voluntary, so seniors must choose to sign up.
- \* Seniors will have a choice of plans with monthly premiums of about \$33. Eighteen companies have been approved to offer prescription drug plans in Georgia, with plan prices ranging from \$17 to \$71 a month.
- \* Medicare-approved plans must cover both generic and brand name drugs, and will be accepted at local pharmacies.
- \* There is a \$250 yearly deductible, after which Medicare pays approximately 75 percent of a senior's prescription drug costs up to \$2,250 a year.
- \* If your yearly out-of-pocket drug costs are higher than \$3,600, Medicare will cover 95% of the remaining costs
- \* For seniors with individual resources of less than \$11,500 or married resources of less than \$23,000 a year, plans will have no deductible, and co-pays will be around \$4.

Q: Why should seniors sign up now?

A: Seniors are encouraged to enroll as soon as they're eligible. After May 15, 2006, there will be a 1% premium increase for each month an eligible senior waits to enroll.

Q: What if a senior already has drug coverage under an employer, union, or Medigap policy?

A: If the coverage is at least as good as the coverage under Medicare Part D, they can keep it. Should they wish to sign up for Medicare Part D at a later date, they may do so without penalty. If their current coverage is not as good as Medicare Part D, they can sign up for Part D immediately. Employers will contact beneficiaries with this information.

For additional information, please visit the website [www.Medicare.gov](http://www.Medicare.gov). In addition to allowing seniors to sign up for a Medicare Part D plan on-line, this website features several tools to help seniors choose the Medicare Part D plan that's right for them:

- [Prescription Drug Plan Finder](#): allows seniors to compare plans and see a detailed list of the benefits and drugs covered in each plan.

- [Demo of Prescription Drug Plan Finder](#): takes seniors step-by-step through the enrollment process, and advises seniors on what information they'll need to sign up.

- [Formulary Finder](#): allows seniors to search for Part D plans by the medication they take.

- [Brochures and fact sheets](#)

- [Benefits Check-Up Rx](#): allows seniors to get personalized information on how your current insurance or other prescription drug coverage affects your options under the new Medicare Prescription Drug Coverage, and whether you qualify for extra help with your costs under the new Medicare Prescription Drug Coverage.



**U.S. Congressman  
Phil Gingrey, M.D.  
Invites you to a**

# **Medicare Part D Enrollment Workshop**

**Explaining the New Prescription  
Drug Benefit Available to  
All Seniors**

**Saturday, November 19, 2005**

**10 am to 11 am**

**Presentation with Q&A by  
Congressman Gingrey**

**11:00 am to 2 pm**

**Enrollment Assistance  
& Health Fair**

**Location: Sawyer Road Elementary  
840 Sawyer Road in Marietta**

See reverse for more information and location map

**Congressman Gingrey** invites seniors to learn about **Medicare Part D**, the new, voluntary prescription drug plan available to all seniors. **Seniors who wish to sign up for their Part D benefits after the meeting will be assisted by trained professionals.**

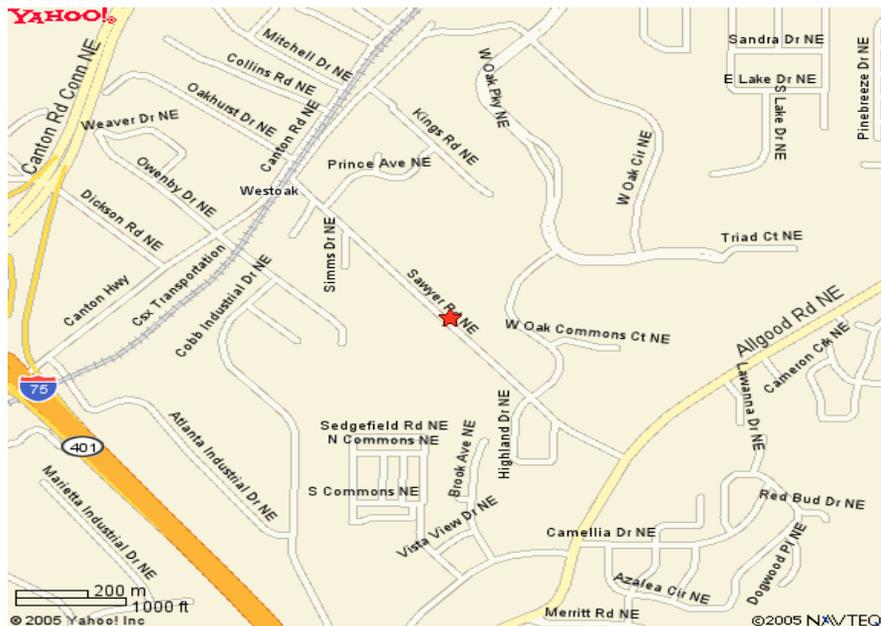
The initial sign-up period for Medicare Part D is November 15, 2005 to May 15, 2006. Seniors are encouraged to sign up as soon as they're eligible to be guaranteed the lowest premiums. Because Medicare Part D is a voluntary benefit, seniors must choose to sign up for one of the Medicare-approved plans available in Georgia.

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**If you intend to sign up for Medicare Part D after the town hall meeting, please be sure to bring the following information you'll need to choose a plan:**

- A list of the prescription drugs you are currently taking, including the names and doses. This will help ensure you choose a plan that meets all your prescription drug needs.
- Information about any prescription drug coverage you currently have, be it employer or union sponsored or a Medigap policy.
- The name and address of the local pharmacy you use to fill prescriptions.
- The out-of-pocket amount you spend on prescription drugs each year.
- Your Medicare enrollment information.

**Map of Sawyer Road Elementary: 840 Sawyer Road in Marietta**



## Press Clips:

Marietta Daily Journal  
Name of Georgia Newspaper

NOV - 2 2005  
Date

### Gingrey hosting town hall meeting for area seniors

By **Katie Fallon**  
*Marietta Daily Journal Staff Writer*

With many senior citizens confused about enrollment for the new Medicare Part D beginning Nov. 15, U.S. Rep. Phil Gingrey plans to host a local town hall meeting to guide them through the process.

On Nov. 19, the Marietta Republican plans to host the town hall meeting at Sawyer Road Elementary School in Marietta to help Cobb seniors learn more about the new Medicare prescription drug plan.

Cobb's Department of Senior Services also will be represented at the meeting, which is scheduled from 10 to 11 a.m. After the meeting, attendees will have the opportunity to sign up for Part D until 2 p.m.

Cobb Senior Services' Social Services Division Manager Linda Parrott said it is important to educate Cobb's senior about the new voluntary prescription drug coverage program. She said the town hall meeting is just one of many educational opportunities senior services will attend to help explain the plan. In fact, Ms. Parrott said that even the staff of the senior services department has had to receive training to be able to more adequately address seniors' questions.

"If we are having difficulty understanding it, then how much more difficult will it be for our senior citizens," Ms. Parrott said.

The division manager said to help address the many calls the department receives everyday about Medicare Part D, case managers and staff at Cobb's various senior centers have or will soon receive training on the ins and outs of the new plan. Ms. Parrott said a majority of the calls senior services receives on its Information and Referral Line are about Part D.

Gingrey, who is a physician, said he is pleased with the details of Part D so far.

"The premiums are lower than

previously expected and the number of insurers offering coverage will let our seniors choose the plan that best fits their needs," he said. "I'll continue working to educate seniors about this benefit."

Part D prescription drug coverage has a \$250 annual deductible, after which Medicare pays about 75 percent of prescription drug costs up to \$2,250 per year. If a senior's out-of-pocket costs are more than \$3,600, Medicare covers 95 percent of the costs for the rest of the year. For those whose income is less than \$11,500 for individuals or \$23,000 for married couples, Part D has no deductible with co-pays costs around \$4.

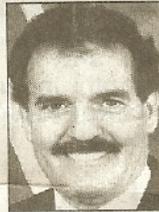
Because Part D is new, Ms. Parrott said not all senior citizens are aware of its benefits because they may just throw helpful literature away when they receive it in the mail. She said while the plan is voluntary, it will naturally be to the benefit of seniors to enroll.

Ms. Parrott said that because about half of the seniors she encounters are confused about the prescription drug coverage, her staff want to be ready to answer the influx of questions about Part D. "We want to assist as much as possible," she said.

Those wanting to enroll in Medicare Part D after Gingrey's town meeting should bring the following information with them: a list of prescriptions they are currently taking including the names and doses, information about any prescription drug coverage they currently have, the name and address of the pharmacy where their prescriptions are filled, annual out-of-pocket expenses spent on prescription drugs and their Medicare enrollment information.

Those wishing to call Cobb Senior Services' Information and Referral Line can do so by calling (770) 528-5364. Ms. Parrott said representatives at this phone number can answer questions about Medicare Part D as well as any general aging issue.

*kfallon@mdjonline.com*



**Phil Gingrey**

NOV 18 2005

Marietta Daily Journal/FRIDAY, NOVEMBER 18, 2005

## COBB BRIEFLY

### Local workshop set on Medicare benefit

From staff reports

**MARIETTA** — An enrollment workshop for the new Medicare Part D prescription drug benefit is planned Saturday at Sawyer Road Elementary School in Marietta.

U.S. Rep. **Phil Gingrey** (R-Marietta) will host the workshop, which will provide local seniors with the opportunity to sign up for the new benefit and with information about which prescription drug plan is best for

them. Plan providers and Medicare representatives will be on hand at the workshop to discuss the various options.

A presentation and Q&A with Gingrey is scheduled from 10 to 11 a.m., followed by enrollment assistance and a health fair from 11 a.m. to 2 p.m. The school is located at 840 Sawyer Road between Allgood and Canton roads in Marietta.

The event is free and open to the public.

SUNDAY

# Marietta Daily

November 20, 2005

Cobb's Local News Source Since 1866



Above: Georgia Council on Aging employee Melanie McNeil, left, helps Dolores Smith of Marietta navigate the Web site for her best options for the Part D Medicare package during the Sawyer Road Elementary forum. Below: Jean Neel of Marietta leaves the informational meeting with her donated bag after filling out her Part D Medicare package.

# Journal

139th year, No. 324 ♦ 75 cent

# Working out PART D

U.S. Rep. Gingrey holds Q&A session about new medicare benefits for seniors, disabled

By Amanda Williams  
Marietta Daily Journal Staff Writer

**MARIETTA** — W.W. and Rita Tubbs found the answers they were looking for Saturday at a Medicare Part D meeting at Sawyer Road Elementary School.

The Tubbs of Kennesaw were among more than 400 senior citizens who attended Saturday's Medicare event, hosted by U.S. Rep. Phil Gingrey (R-Marietta). The meeting was aimed at educating seniors about the new Medicare prescription drug plan.

*"We came prepared and we wanted a little more information."*

— **Rita Tubbs**, Kennesaw senior who came with her husband to a meeting further explaining the new Medicare benefits package

The Tubbs said they read about Medicare Part D before Saturday's meeting, but were having trouble deciding if they should enroll or not.

"We came prepared and we wanted a little more information," Mrs. Tubbs said.

The couple said they decided to enroll Mrs. Tubbs in a Part D drug plan as a result of attending the meeting.

The initial Medicare Part D enrollment period began Tuesday and continues through May

15. Prescription coverage begins Jan. 1 for seniors and people with disabilities who join by Dec. 31. Seniors are encouraged to sign up early because after May 15 there will be a 1-percent premium increase for each month an eligible senior waits to enroll.

Gingrey said about 100 of the seniors who attended the Medicare meeting at Sawyer Road Ele-



mentary enrolled in Part D before they left. Others

## Medicare: Part D

Benefits of the new Medicare prescription drug coverage

- It is available to all people with Medicare.
- It will pay for about half of drug costs.
- Almost 1 in 3 people will qualify for extra help paying for their drug costs.
- It protects against ever having very high drug expenses.
- It pays for brand-name and generic drugs.

Those interested in coverage are encouraged to enroll by Dec. 31 so as to avoid a penalty.

— Source: Medicare Web site at [Medicare.gov](http://Medicare.gov)

See Part D, Page 4A

## Part D

Continued from Page 1A

got help narrowing their choices down, based on what drugs they currently take and what pharmacies they use, to decide which company's plan is right for them.

Under the new program, seniors have a choice of plans with monthly premiums of about \$33. Eighteen companies have been approved to offer prescription drug plans in Georgia, with plan prices ranging

from \$17 to \$71 a month. The plan covers both generic and brand name drugs and will be accepted at local pharmacies.

Part D prescription drug coverage has a \$250 annual deductible, after which Medicare pays about 75 percent of prescription drug costs up to \$2,250 a year. If a senior's out-of-pocket costs are more than \$3,600, Medicare covers 95 percent for the rest of the year. For those whose income is less than \$11,500 for individuals or \$23,000 for married couples, Part D has no deductible, with co-pay costs around \$4.

[awilliams@mdjonline.com](mailto:awilliams@mdjonline.com)

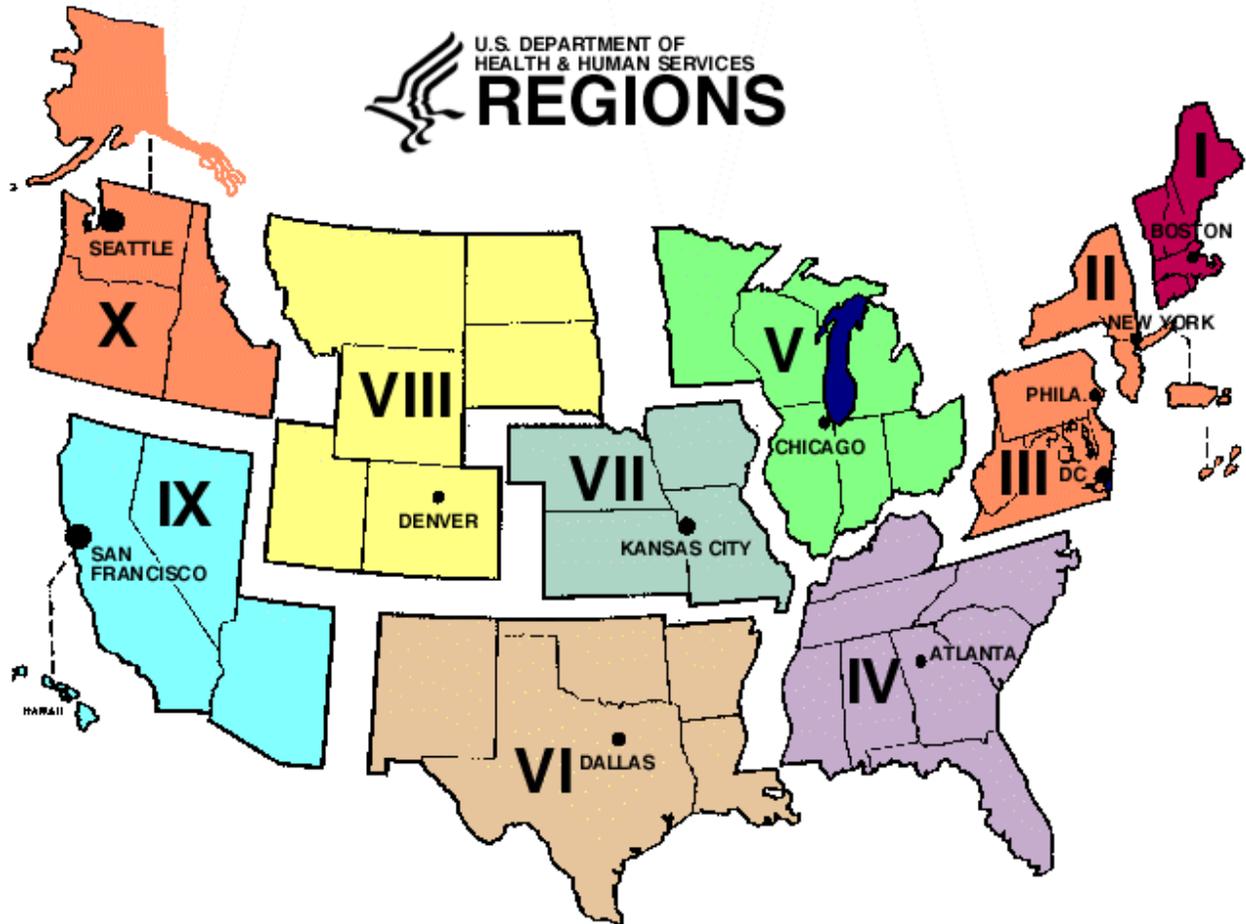


Marietta resident June Roberts discusses her medicare forms with daughter Judy Hutson during the Sawyer Road Elementary forum.

■ Staff Photo by Todd McQueen

Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Office of Legislation

Carleen Talley, Director of Congressional Affairs, 202-690-8220  
Regional Contacts



Region I – Josh Phillips 202-205-1922

Region II – Cherie Howell 202-690-5456

Region III – David Lewandowski 202-690-5941

Region IV – Amelia Steed 202-690-7125

Region V – Matt Brown 202-690-5445

Region VI – John Graham 202-690-8606

Region VII – Juneous Pettijohn 202-690-7917

Region VIII – Christie Johnson 202-205-0671

Region IX – Alpheus Chadwick 202-690-5519

Region X – Christie Johnson 202-205-0671

PHIL GINGREY  
11TH DISTRICT, GEORGIA

RULES COMMITTEE  
POLICY COMMITTEE

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LAGRANGE, GA  
(706) 812-1776

COLUMBUS, GA  
(706) 320-2040

February 9, 2006

Dear Friend in the Healthcare Community:

As a community pharmacist in the 11<sup>th</sup> District of Georgia who has been integral in the success of the initial implementation of Medicare Part D, I first want to thank you. You provide a crucial service to patients across the state of Georgia and are on the front lines of healthcare day in and day out.

Since the rollout of the Medicare Part D benefit on January 1, 2006, I have spoken with many pharmacists in West Georgia about some of the frustrations and concerns, as well as the achievements and successes of this program. In order to continue to ensure a smooth transition, I wanted to take this opportunity to share with you some of the resources the Centers for Medicare and Medicaid Services (CMS) have made available to pharmacists all over the country.

First, I have included a page of resources and contact information specifically for pharmacists. It includes a toll free number, instructions on how to sign up for updates from CMS, as well as a website designed for pharmacists.

The second pamphlet I have included is a list of "what if" scenarios concerning Medicare and Medicaid dual eligibles. This outlines different problems you might encounter and walks you through the steps to solve them. I have also included instructions on how to take advantage of the Wellpoint point-of sale option that allows certain dual eligibles to have immediate access to Medicare coverage.

Finally, there is a fact sheet from CMS detailing the government's plan for state reimbursement of costs incurred during the transition to Medicare Part D.

I again want to thank you for your time, energy and service to your customers. Our healthcare system would not be what it is today without your dedicated hard work. If you feel that I may be of additional assistance on this, or any other matter of importance to you, please do not hesitate to contact me. You may also contact me via my email at [gingrey.ga@mail.house.gov](mailto:gingrey.ga@mail.house.gov), or log your ideas and opinions on my website: [www.house.gov/gingrey](http://www.house.gov/gingrey).

Sincerely,

A handwritten signature in black ink that reads "Phil Gingrey". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Phil Gingrey, MD  
Member of Congress  
PG: jh

## CMS Resources for Medicare Part D Troubleshooting

**CMS Hotline** for pharmacists: 1-866-835-7595.

### **Sign up for the Pharmacy MMA listserv**

CMS regularly sends updates, tailored to pharmacists

To sign up, click on <http://new.cms.hhs.gov/apps/maillinglists/>  
and choose the **PHARMACY\_MMA-L** list.

### **CMS website for pharmacists**

<http://www.cms.hhs.gov/Pharmacy/>.

This site will link you to Part D guidance and other important information.

### **Visit <http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/>.**

Here you will find recently released training on the E1 system, Point of Sale Facilitated enrollment process (for dual eligible beneficiaries who were not auto assigned to a plan), plan contact information, transition policies, and "What If?" scenarios that can be used in the pharmacy.

All of this information has been recently updated so it might be very useful.

## Medicare & Medicaid Full Benefit Dual Eligibles (FBDE)

Audience	What If...	Pharmacist Response
<p>1. Medicare &amp; Medicaid FBDE</p>	<p>A FBDE goes to a pharmacy and presents their Medicaid card</p>	<p>After December 31, 2005, prescription drug coverage for dually eligible individuals shifts from Medicaid to Medicare for both the elderly and disabled. Therefore, prior to billing Medicaid, the pharmacist should consider the possibility that any person presenting a Medicaid card may also be eligible for Medicare. If the person produces evidence of, or otherwise confirms, Medicare eligibility, the pharmacist can send an E1 query to determine Part D plan enrollment.</p> <p>If the E1 query returns the RxBIN-RxPCN-RXGrp-RxID (the "4Rx" data) and 800 number of a Part D plan, the plan should be billed and the plan 800 number given to the person to call to obtain their new ID card and find out about their prescription drug plan.</p> <p>If the E1 query returns just the 800 number of the plan, this means the person has been enrolled in a Part D plan but the "4Rx" data have not been received by the TrOOP Facilitator. The pharmacist can call the 800 number to obtain the billing information from the plan, as well as give the plan 800 number to the person to call to obtain their new ID card and find out about their prescription drug plan.</p> <p>If the E1 query returns no match, the pharmacist can check for Medicare eligibility by submitting an expanded E1 query. If the person is eligible for Medicare, the E1 will return "A", "B" or "AB". This means the person has not yet been enrolled in a Part D plan, but does have Medicare Part A and/or B eligibility. If the pharmacist verifies dual eligibility, the POS Contractor (Anthem) can be billed. Medicaid eligibility can be verified through history of current Medicaid billing in the patient profile, a Medicaid card, or a current Medicaid award letter. Medicare eligibility can be verified through the "A or B" E1 query, a Medicare card, a Medicare MSN Notice, or by calling a dedicated pharmacy eligibility line at 1-866-835-7595 (available Mon.-Fri. 8 AM-8PM EST), or 1-800-MEDICARE at any other time. Pharmacists will need to obtain certain identifying information from the beneficiary or the beneficiary's record to confirm eligibility over the phone.</p> <p>If the expanded E1 query does not return a match, the pharmacist can either include additional information in the E1 query and try again, if applicable, or call the dedicated pharmacy eligibility line at (1-866-835-7595) available Mon.-Fri. 8 AM-8PM EST, or call 1-800-MEDICARE to verify Medicare eligibility. If eligibility cannot be confirmed, the person must use other coverage, if available, or pay out-of-pocket for all or some of the prescription and be referred to 1-800-MEDICARE to resolve Medicare coverage status.</p>

<p>2. Medicare &amp; Medicaid FBDE</p>	<p>A FBDE goes to a pharmacy and they have not been assigned to a plan</p>	<p>If the E1 query returns no match for Part D enrollment, the pharmacist can check for Medicare eligibility by submitting an expanded E1 query. If the person is eligible for Medicare, the E1 will return "A", "B" or "AB". This means the person has not yet been enrolled in a Part D plan, but does have Medicare Part A and/or B eligibility. If the pharmacist verifies dual eligibility, the POS Contractor (Anthem) can be billed.</p> <p>Medicaid eligibility can be verified through history of current Medicaid billing in the patient profile, a Medicaid card, or a current Medicaid award letter. Medicare eligibility can be verified through the "A or B" E1 query, a Medicare card, a Medicare MSN Notice, or by calling a dedicated pharmacy eligibility line at 1-866-835-7595 (available Mon.-Fri. 8 AM-8PM EST), or 1-800-MEDICARE at any other time. Pharmacists will need to obtain certain identifying information from the beneficiary or the beneficiary's record to confirm eligibility over the phone.</p>
<p>3. Medicare &amp; Medicaid FBDE</p>	<p>A FBDE opted out of their autoassigned plan and goes to a pharmacy and believes they still have Medicaid coverage</p>	<p>After December 31, 2005, prescription drug coverage for dually eligible individuals shifts from Medicaid to Medicare for both the elderly and disabled. Therefore, prior to billing Medicaid, the pharmacist should consider the possibility that any person presenting a Medicaid card may also be eligible for Medicare. If the person produces evidence of, or otherwise confirms, Medicare eligibility, the pharmacist can send an E1 query to determine Part D plan enrollment.</p> <p>If the E1 query returns no match for Part D enrollment, the pharmacist can check for Medicare eligibility by submitting an expanded E1 query. If the person is eligible for Medicare, the E1 will return "A", "B" or "AB". This means the person has not yet been enrolled in a Part D plan, but does have Medicare Part A and/or B eligibility. If the pharmacist verifies dual eligibility, the POS Contractor (Anthem) can be billed.</p> <p>Medicaid eligibility can be verified through history of current Medicaid billing in the patient profile, a Medicaid card, or a current Medicaid award letter. Medicare eligibility can be verified through the "A or B" E1 query, a Medicare card, a Medicare MSN Notice, or by calling a dedicated pharmacy eligibility line at 1-866-835-7595 (available Mon.-Fri. 8 AM-8PM EST), or 1-800-MEDICARE at any other time. Pharmacists will need to obtain certain identifying information from the beneficiary or the beneficiary's record to confirm eligibility over the phone.</p>
<p>4. Medicare &amp; Medicaid FBDE</p>	<p>A FBDE person with Medicare just qualified for Medicaid in December 2005</p>	<p>After December 31, 2005, prescription drug coverage for dually eligible individuals shifts from Medicaid to Medicare for both the elderly and disabled. Therefore, prior to billing Medicaid, the pharmacist should consider the possibility that any person presenting a Medicaid card may also be eligible for Medicare. If the person produces evidence of, or otherwise confirms, Medicare eligibility, the pharmacist can send an E1 query to determine Part D plan enrollment.</p>

		<p>If the E1 query returns the RxBIN-RxPCN-RXGrp-RxID (the "4Rx" data) and 800 number of a Part D plan, the plan should be billed and the plan 800 number given to the person to call to obtain their new ID card and find out about their prescription drug plan.</p> <p>If the E1 query returns just the 800 number of the plan, this means the person has been enrolled in a Part D plan but the "4Rx" data have not been received by the TrOOP Facilitator. The pharmacist can call the 800 number to obtain the billing information from the plan, as well as give the plan 800 number to the person to call to obtain their new ID card and find out about their prescription drug plan.</p> <p>If the E1 query returns no match, the pharmacist can check for Medicare eligibility by submitting an expanded E1 query. If the person is eligible for Medicare, the E1 will return "A", "B" or "AB". This means the person has not yet been enrolled in a Part D plan, but does have Medicare Part A and/or B eligibility. If the pharmacist verifies dual eligibility, the POS Contractor (Anthem) can be billed. Medicaid eligibility can be verified through history of current Medicaid billing in the patient profile, a Medicaid card, or a current Medicaid award letter. Medicare eligibility can be verified through the "A or B" E1 query, a Medicare card, a Medicare MSN Notice, or by calling a dedicated pharmacy eligibility line at 1-866-835-7595 (available Mon.-Fri. 8 AM-8PM EST), or 1-800-MEDICARE at any other time. Pharmacists will need to obtain certain identifying information from the beneficiary or the beneficiary's record to confirm eligibility over the phone.</p> <p>If the expanded E1 query does not return a match, the pharmacist can either include additional information in the E1 query and try again, if applicable, or call the dedicated pharmacy eligibility line at (1-866-835-7595) available Mon.-Fri. 8 AM-8PM EST, or call 1-800-MEDICARE to verify Medicare eligibility. If eligibility cannot be confirmed, the person must use other coverage, if available, or pay out-of-pocket for all or some of the prescription and be referred to 1-800-MEDICARE to resolve Medicare coverage status.</p>
<p>5. Medicare &amp; Medicaid FBDE</p>	<p>A person just aged into Medicare this month and had Medicaid already</p>	<p>After December 31, 2005, prescription drug coverage for dually eligible individuals shifts from Medicaid to Medicare for both the elderly and disabled. Therefore, prior to billing Medicaid, the pharmacist should consider the possibility that any person presenting a Medicaid card may also be eligible for Medicare. If the person produces evidence of, or otherwise confirms, Medicare eligibility, the pharmacist can send an E1 query to determine Part D plan enrollment.</p> <p>If the E1 query returns the RxBIN-RxPCN-RXGrp-RxID (the "4Rx" data) and 800 number of a Part D plan, the plan should be billed and the plan 800 number given to the person to call to obtain their new ID card and find out about their prescription drug plan.</p>

		<p>If the E1 query returns just the 800 number of the plan, this means the person has been enrolled in a Part D plan but the "4Rx" data have not been received by the Troop Facilitator. The pharmacist can call the 800 number to obtain the billing information from the plan, as well as give the plan 800 number to the person to call to obtain their new ID card and find out about their prescription drug plan.</p> <p>If the E1 query returns no match, the pharmacist can check for Medicare eligibility by submitting an expanded E1 query. If the person is eligible for Medicare, the E1 will return "A", "B" or "AB". This means the person has not yet been enrolled in a Part D plan, but does have Medicare Part A and/or B eligibility. If the pharmacist verifies dual eligibility, the POS Contractor (Anthem) can be billed.</p> <p>Medicaid eligibility can be verified through history of current Medicaid billing in the patient profile, a Medicaid card, or a current Medicaid award letter. Medicare eligibility can be verified through the "A or B" E1 query, a Medicare card, a Medicare MSN Notice, or by calling a dedicated pharmacy eligibility line at 1-866-835-7595 (available Mon.-Fri. 8 AM-8PM EST), or 1-800-MEDICARE at any other time. Pharmacists will need to obtain certain identifying information from the beneficiary or the beneficiary's record to confirm eligibility over the phone.</p> <p>If the expanded E1 query does not return a match, the pharmacist can either include additional information in the E1 query and try again, if applicable, or call the dedicated pharmacy eligibility line at (1-866-835-7595) available Mon.-Fri. 8 AM-8PM EST, or call 1-800-MEDICARE to verify Medicare eligibility. If eligibility cannot be confirmed, the person must use other coverage, if available, or pay out-of-pocket for all or some of the prescription and be referred to 1-800-MEDICARE to resolve Medicare coverage status.</p>
<p>6. Medicare &amp; Medicaid FBDE</p>	<p>FBDE was not autoenrolled and shows up at pharmacy, but doesn't have appropriate proof of identification</p>	<p>Pharmacists should follow established practices for verifying identity and coverage.</p> <p>Medicaid eligibility can be verified through history of current Medicaid billing in the patient profile, a Medicaid card, or a current Medicaid award letter. Medicare eligibility can be verified through the "A or B" E1 query, a Medicare card, a Medicare MSN Notice, or by calling a dedicated pharmacy eligibility line at 1-866-835-7595 (available Mon.-Fri. 8 AM-8PM EST), or 1-800-MEDICARE at any other time. Pharmacists will need to obtain certain identifying information from the beneficiary or the beneficiary's record to confirm eligibility over the phone.</p>
<p>7. Medicare &amp; Medicaid FBDE</p>	<p>A FBDE was autoenrolled and needs a drug that's</p>	<p>All Part D plans cover a temporary first fill of up to 30 days of a non-formulary drug under their mandatory new enrollee transition policies. The pharmacist may contact the plan to discuss any transitional issues. The pharmacist may also discuss switching the prescription to a generic or therapeutic alternative that is on the plan's formulary</p>

not on their plan's formulary with the person and his/her prescribing physician consistent with current industry practice.

**Low Income Subsidy Non Full Benefit Dual Eligible (LIS NFBDE)**

<b>Audience</b>	<b>What If...</b>	<b>Pharmacist Response</b>
1. LIS NFBDE	A person goes to a pharmacy and the pharmacy cannot confirm enrollment, although the individual has an enrollment acknowledgment letter and proof of LIS	<p>If billing instructions for a person's Part D plan cannot be confirmed through a Plan ID card or E1 query, but the person does have their plan acknowledgement letter at hand, that letter should include the RxBin, RxPCN, RxGrp and RxID, generally in the upper left hand area above the greeting. If the letter does not include this information, the pharmacy can call the plan to get the information needed to send in a claim.</p> <p>If the person's letter or other documentation indicates that the person has qualified for low-income subsidy (LIS) extra help, but the Part D plan adjudicates the claim with greater than \$2/\$5 copays, the pharmacist can contact the Plan to discuss the LIS documentation. Plan member service staff should take note of the description of the documentation, and should instruct the pharmacist to collect no more than \$2/\$5 copays, and to rebill the claim once the Plan's billing system has been updated. Plan staff should expedite correction of the member record so that the claim can be rebilled within 24-48 hours.</p>
2. LIS NFBDE	A person who has applied and been approved for LIS but who has not yet enrolled in a plan shows up at a pharmacy thinking they have enrolled in a plan	<p>If there is no evidence of Medicaid coverage, but the expanded E1 query returns an "A or B" match, or a call to the dedicated pharmacy eligibility line at (1-866-835-7595) available Mon.-Fri. 8 AM-8PM EST, or 1-800-MEDICARE confirms Medicare eligibility, the pharmacist should advise the person that they need to enroll in a Medicare drug plan to get Medicare drug coverage. The person can be referred to 1-800-MEDICARE to get information and compare the plans that are available to them. Staff at 1-800-MEDICARE can also help the person enroll in a plan of their choice.</p> <p>In the meantime, the person must use other coverage, if available, or pay out-of-pocket for all or some of the prescription.</p>
3. LIS NFBDE	A person with LIS accidentally joins a Medicare drug plan where they will have to pay part of the premium	N/A

<p>4. LIS NFBDE</p>	<p>A person is waiting for decision about the LIS to join a plan</p>	<p>Part D plans will generally adjudicate claims at the non-LIS cost sharing level until official confirmation of LIS status has been received from CMS. Beneficiaries will be reimbursed for any excess cost sharing they incur after the date of their LIS eligibility.</p>
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Employer/Union

Audience	What If...	
<p>1. Employer or Union</p>	<p>A FBDE is also claimed by an employer/union as RDS and they are not aware that they have been autoenrolled by Medicare in a plan</p>	<p>The person should be asked if they have single or family coverage.</p> <p>If they have single coverage, the relative value of Medicaid health coverage and Medicare prescription coverage to their employer coverage should be reviewed. In most cases, the combined Medicare and Medicaid coverage is likely to be better than the employer/union coverage. If this is the case the person should stay in the Medicare drug plan. If it is not the case, the person should opt out of the Medicare drug plan and continue with their employer coverage.</p> <p>Caution: A person with employer/union group health coverage may not be able to drop drug coverage without also dropping health coverage. The decision of the individual may also affect coverage of family members.</p> <p>If they have family coverage, their decision about continuing enrollment with a Medicare drug plan could affect the family coverage. The individual should contact their employer to determine the effect of the decision on the family coverage. They can also contact their local State Health Insurance and Assistance Program for assistance. Call 1-800-MEDICARE for the number of the local SHIP. (final 12/27)</p>
<p>2. Employer/Union</p>	<p>A person whose employer is claiming them for the RDS joins a Medicare drug plan</p>	<p>The plan will contact the person to confirm that they want to join a Medicare drug plan prior to enrolling them. CMS will also notify their employer that the person has attempted to enroll in a plan. They will need to make a choice. They can choose to complete the enrollment in the Medicare drug plan or continue with their retiree/union drug coverage. (final 12/27)</p>

Discount Card

Audience	What If...	
1. Discount Card	A person has a Medicare-approved drug discount card	<p>The person can continue to use their Medicare-approved drug discount card until they join a Medicare prescription drug plan or until May 15, 2006, whichever comes first.</p> <p>If they qualified for a credit in 2005 to help pay for prescriptions, they can use any credit they have left until they join a Medicare prescription drug plan or until May 15, 2006, whichever is first. (final 12/27)</p>

General

Audience	What If...	Pharmacist Response
1. General	A person tries to disenroll through the Plan Finder web tool	N/A
2. General	A person enrolled in plan and goes to the pharmacy and the pharmacy has no record of the enrollment	<p>If billing instructions for a person's Part D plan cannot be confirmed through a Plan ID card or E1 query, but the person does have their plan acknowledgement letter at hand, that letter should include the RxBin, RxPCN, RxGrp and RxID, generally in the upper left hand area above the greeting. If the letter does not include this information, the pharmacy can call the plan to get the information needed to send in a claim.</p> <p>The pharmacist can also call a dedicated pharmacy eligibility line at 1-866-835-7595 (available Mon.-Fri. 8 AM-8PM EST), or 1-800-MEDICARE at any other time to confirm enrollment. Pharmacists will need to obtain certain identifying information from the beneficiary or the beneficiary's record to confirm eligibility over the phone.</p> <p>If eligibility cannot be confirmed, the person must use other coverage, if available, or pay out-of-pocket for all or some of the prescription and be referred to 1-800-MEDICARE to resolve Medicare coverage status. If the person was enrolled on the date of service of the claim, the person may submit the receipt to the Plan for reimbursement.</p>
3. General	The person is enrolled in a plan and the pharmacy cannot confirm enrollment	<p>If eligibility cannot be confirmed, the person must use other coverage, if available, or pay out-of-pocket for all or some of the prescription and be referred to 1-800-MEDICARE to resolve Medicare coverage status. If the person was enrolled on the date of service of the claim, the person may submit the receipt to the Plan for reimbursement.</p>

<p>4. General</p>	<p>The person is enrolled in a plan and has secondary coverage. What happens if the pharmacy can't confirm enrollment in a Medicare drug plan?</p>	<p>If eligibility cannot be confirmed, the person must use other coverage, if available, or pay out-of-pocket for all or some of the prescription and be referred to 1-800-MEDICARE to resolve Medicare coverage status. If a Part D Plan is actually the primary payer on the date of service, the Plan will make arrangements to reimburse the secondary payer and/or the beneficiary. These arrangements may entail requesting the pharmacy to reverse the primary claim to the secondary payer and to rebill the Part D plan as primary, with any balance billed to the secondary payer.</p>
<p>5. General</p>	<p>The person is enrolled in a plan with a deductible. How will the deductible be accounted for?</p>	<p>Some, but not all, Part D plans charge deductibles.</p>
<p>6. General</p>	<p>The person is enrolled in a plan without a deductible. How will this work?</p>	<p>Some, but not all, Part D plans charge deductibles.</p>
<p>7. General</p>	<p>A person filled out a paper application for drug coverage, when will the enrollment be effective?</p>	<p>Since enrollments can be effective as soon as the day after the enrollment transaction has been received by the plan or the On-Line Enrollment Center, pharmacists may have to contact plans based on copies of an enrollment form to verify billing instructions. If eligibility cannot be confirmed, the person must use other coverage, if available, or pay out-of-pocket for all or some of the prescription and be referred to 1-800-MEDICARE to resolve Medicare coverage status. If the person was enrolled on the date of service of the claim, the person may submit the receipt to the Plan for reimbursement.</p>
<p>8. General</p>	<p>A person enrolled in more than one plan prior to 01/01/06 and they think they are in a different plan than the one that is in the Medicare record.</p>	<p>The pharmacist can only bill the plan in which the person is enrolled on the date of service. If an E1 query indicates that the person is enrolled in one plan, but the beneficiary also has a letter indicating acknowledgement of enrollment in another plan, pharmacies should be able to default to the first payer who pays the claim, or the best available information in their opinion at their discretion.</p>

9. General	A person goes to a pharmacy that is listed in a PDP's network, and the pharmacy has not contracted with the PDP	The pharmacist should refer the person to their Plan member services line or 1-800-MEDICARE to locate a network pharmacy. The pharmacy should also contact the plan to determine whose records are in error.
10. General	A person wants to enroll in a new plan, how can they do it?	Non-dual eligible beneficiaries have a limited number of opportunities to change Part D plans. Consequently, some beneficiary coverage will change more often than once a year.

LTC NBFDE

Audience	What If...	
I. LTC NBFDE	A person enters a LTC and is waiting for confirmation of their enrollment in a Medicare drug plan	<p>Enrollment in Part D plans can be verified in the LTC setting in the same manner as in all other pharmacies.</p> <p>All residents must receive drugs in accordance with their plan of care while a long-term care pharmacy and Part D plan of record are negotiating contractual terms. All Plans are required to provide first fill transitional coverage in the LTC setting for non-formulary drugs. Plans can be contacted for their detailed transition policies. Beyond the transitional period, LTC pharmacies must ensure compliance with formulary drugs and utilization management rules in advance of dispensing drugs, even if billing is on a post-consumption basis.</p> <p>Any changes of Part D plan enrollment are generally prospective, that is, effective the first day of the following month. Consequently, in the event that a resident changes Part D plans for any reason, each Part D plan is required to provide in-network access for the period during which the resident is a member of their plan.</p>

**Using WellPoint at the Pharmacy Counter**  
**January 20, 2006**

CMS, plans and pharmacists are working hard to ensure no Medicare beneficiary leaves a pharmacy without the prescription drugs they need. One key system in place to make this happen for dual eligible beneficiaries is the WellPoint point-of-sale option.

The WellPoint option allows full benefit dual eligibles not previously enrolled in a Part D plan, or where enrollment information cannot be found, to have immediate access to Medicare coverage for prescription drugs. Pharmacists should access the WellPoint option by following the four steps outlined below.

1. **Request a Part D Plan ID Card or Acknowledgement Letter.** The pharmacist should first request a beneficiary's Part D plan ID card or an enrollment acknowledgement letter from a plan. If the beneficiary has neither, the pharmacist should check the new E1 inquiry system designed to provide beneficiary enrollment information.
2. **Submit an E1 Transaction.** If a beneficiary does not have an ID card or acknowledgement letter, the pharmacist must submit an E1 transaction to confirm the beneficiary is not already assigned to a plan. Pharmacists unsure how to submit an E1 transaction can check the CMS Web site at <http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/> or at Per-Se Technologies [http://medifacd.ndchealth.com/home/MediFacd\\_home.htm](http://medifacd.ndchealth.com/home/MediFacd_home.htm)

**If the E1 transaction returns plan enrollment and billing information, the pharmacist should not submit the claim through WellPoint.** If the transaction returns a plan help desk telephone number, it means the beneficiary is enrolled in a plan and the pharmacist should obtain billing data by calling that plan. In addition to calling the plan, in an emergency situation, the pharmacist may also contact 1-800-MEDICARE where their call will be fast-tracked to a CMS Regional Office contact to resolve the issue.

3. **Confirm Dual Eligibility.** After confirming the beneficiary is not already enrolled in a plan, the pharmacist should confirm dual eligibility as follows.

**To verify Medicaid Eligibility the pharmacist can use:**

- Medicaid ID Card, *or*
- Recent history of Medicaid billing in the pharmacy patient profile, *or*
- Copy of current Medicaid award letter.

**To verify Medicare Eligibility the pharmacist can:**

- Submit an expanded E1 query to determine Medicare part A, B, or A/B eligibility, *or*
- Request to see a Medicare card, *or*
- Request to see a Medicare summary notice (MSN), *or*
- Call the dedicated Medicare pharmacy eligibility line at 1-866-835-7595.

4. **Bill WellPoint.** After confirming the beneficiary is an unassigned dual eligible, the pharmacist should submit the claim to WellPoint. It is very important that pharmacists submit such claims in the required format, including both Medicare and Medicaid ID numbers. For detailed instructions call WellPoint's help line at 1-800-662-0210 or see: [http://www.anthem.com/jsp/antiphona/aprn/nav/ilink\\_pop\\_native.do?content\\_id=PW\\_A081085](http://www.anthem.com/jsp/antiphona/aprn/nav/ilink_pop_native.do?content_id=PW_A081085).

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
200 Independence Avenue, SW  
Washington, DC 20201



**FACT SHEET**  
**State Reimbursement for Medicare Part D Transition**  
**January 24, 2006**

**Summary**

This state reimbursement plan enables States to be fully reimbursed for their efforts to help ensure that their beneficiaries eligible for Medicare and Medicaid have access to their covered Medicare drugs as they move to their new Medicare Part D drug coverage. The plan also supports limiting the need for State reimbursement by supporting the use of Medicare payment systems whenever possible, and promotes the effective transition of dually eligible Medicare beneficiaries into their new Medicare coverage.

**Background**

The Centers for Medicare & Medicaid Services (CMS) has taken numerous actions to ensure that full benefit dual eligibles, those eligible for both Medicare and Medicaid, continue to receive needed medications as they make the transition from Medicaid coverage of their drugs to coverage under the new Medicare Part D drug benefit. CMS is committed to working with States to make the transition as seamless as possible for all dually eligible beneficiaries.

To ensure that the Medicare and Medicaid programs can respond expeditiously to the needs of the dual eligible beneficiaries, this state reimbursement plan will allow States that have assisted their dual eligible populations in obtaining and accessing Medicare Part D drug coverage to be reimbursed for their efforts.

In particular, the demonstration plan will permit Medicare payment to be made to States for amounts they have paid for a dual eligible's Part D covered drugs, to the extent that those costs are not otherwise recoverable under Part D. In addition to providing Medicare funds to reimburse amounts paid by States for Part D covered drugs, the demonstration would also provide payments for administrative costs incurred in the coordination of the drug benefit by State Medicaid programs. CMS will establish a staff team to provide expedited review of applications of States applying for this demonstration.

**Purpose**

To promote smooth transition to Part D for the subset of Medicare-Medicaid beneficiaries who have had difficulty and who are currently receiving assistance from a State, to minimize State costs, and to fully reimburse States for their costs.

This demonstration, to be administered under Section 402 Demonstration Authority, will evaluate whether timely and effective collaboration between a State and CMS can reduce overall Medicare expenditures by 1) promoting faster inclusion of affected dual eligible beneficiaries in their Part D plan, leading to more effective use of prescription drugs; and 2) promoting high-quality care for

dual eligible beneficiaries, due to more effective coordination between Medicare and Medicaid coverage. These steps are expected to lead to lower total Part D costs and lower Medicare and Medicaid expenditures.

With input from the States through a workgroup that has been established, CMS will provide a template for use by those States which re-instituted some coverage through their Medicaid system for dual eligibles. The template is expected to be available shortly and will be posted on the CMS Website. Based on this process, CMS and affected states will develop a process for reconciling payments involving beneficiaries in State Pharmacy Assistance Programs (SPAPs) who were enrolled in Medicare Part D.

### **Key Features**

- **State Reimbursement:** States that meet the conditions of the waiver will have their full drug benefit costs reimbursed through (1) CMS assurance of payment reconciliation with the prescription drug plans and (2) Medicare payment of any net drug cost differential after reconciliation. In addition, CMS will provide funding for administrative costs incurred by states.
- **Payer of Last Resort:** States will use payment approaches that support pharmacist efforts to primarily bill the Medicare Part D plan, and that promote the use of Medicare point-of-sale billing, before relying on State payment. States will provide input to CMS and plans on ways to enhance plan and program performance for the state's dual eligible beneficiaries and pharmacists, to help reduce State billing.
- **Timely Data Sharing:** States that participate will provide timely summary information on claims incurred, including summary amount and beneficiary identification information, to facilitate reconciliation and beneficiary transition to Part D plans. States will also work with CMS to provide valid data on any set of beneficiaries who may not have been included properly in the State's previous dual eligible files.
- **Claims Identification:** States will separate claims for the transition period from claims the States would have otherwise paid through a separate state program. In some States, the State has elected to pay all cost sharing, for example, on behalf of some beneficiaries who would otherwise have paid a copayment.
- **End Date:** This temporary demonstration program would have an anticipated end date of February 15, 2006. Participating States would discontinue payments through their Medicaid systems on or before this date. The Secretary may provide a short-term extension of the demonstration program.
- **Retroactive Effective Date:** The demonstration would be retroactive to the first date the state paid claims.



# Medicare Part D Enrollment Workshop



Presented by  
Congressman Phil  
Gingrey, M.D.

# **Why should you sign up for prescription drug coverage?**

- **Most people with Medicare need, or will need, prescription drugs to stay healthy.**
- **Medicare prescription drug coverage will protect you from high “out of pocket” expenses.**
- **Enrolling when you are first eligible ensures you pay the lowest premium.**
- **Enrollment is VOLUNTARY – you must choose to sign up.**

# **Prescription Drug Plans for Georgia:**

- **18 Companies have been approved to offer prescription drug plans in Georgia.**
- **Plans range in price from \$17 to \$71 a month.**
- **The average cost of plans available in Georgia is \$33 a month.**
- **Some plans have low or even no deductibles (none has over \$250 a year).**

# Catastrophic Coverage

- Medicare Part D benefits vary by company, but **MUST** provide basic coverage as outlined in the Medicare Modernization Act of 2003.
- Every plan must include “Catastrophic coverage.”
  - Catastrophic coverage is defined as drug costs of \$5,100 or more a year including \$3,600 in “out of pocket” expenses.

# **Help for those who need it most**

- **Those with the lowest incomes pay no premiums OR deductibles and will have small or no copays.**
- **You may qualify for these additional benefits if you are:**
  - **Single and have income below \$14,355 and resources less than \$11,500.**
  - **Married and have income below \$19,245 and resources less than \$23,000.**
- **For seniors with the limited income, the copay will be between \$1 & \$5. There will be no deductible.**

## If you currently have drug coverage through an employer or union:

- You will receive a letter explaining if your coverage is as good or not as good as the Medicare Part D program. **DO NOT THROW THIS LETTER AWAY - EVER.**
- If your coverage is as good as Medicare Part D, you can keep the coverage. If for any reason your coverage changes in the future, you can enroll in Part D without penalty charges.
- If your coverage is not as good as Medicare Part D, you can enroll in Part D immediately. If you delay enrollment, you will pay a higher premium.

# **Important Medicare Part D enrollment information:**

- **The initial enrollment period for Part D runs through May 15, 2006.**
- **If you sign up before May 15, 2006, your coverage will begin the month after you enroll.**
- **Seniors who enroll as soon as they are eligible are guaranteed the lowest premiums.**

**Whether you plan to enroll today or at a later date, the Medicare Personal Information Worksheet will help you choose a plan that meets your prescription drug needs.**





4. What is the effective date (when you first enrolled) for your Medicare Part A?

Month - Day - Year

AND

What is the effective date (when you first enrolled) for your Medicare Part B?

Month - Day - Year

MEDICARE HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY <b>JANE DOE</b>	
MEDICARE CLAIM NUMBER <b>000-00-0000-A</b>	SEX <b>FEMALE</b>
IS ENTITLED TO <b>HOSPITAL (PART A)</b>	EFFECTIVE DATE <b>07-01-1986</b>
<b>MEDICAL (PART B)</b>	<b>07-01-1986</b>
SIGN HERE _____	

5. What is your Zip Code?

Zip Code

6. What county do you live in? \_\_\_\_\_

7. What type of coverage do you currently have?

- Prescription drug coverage through an employer or union health plan
- Prescription drug coverage through a Medigap plan (Medicare Supplement Insurance) with drug coverage
- A Medigap plan (Medicare Supplement Insurance) without drug coverage
- Prescription drug coverage through a Medicare Advantage or other Medicare Health Plan (such as an HMO)
- None of the Above

**You can get Medicare prescription drug coverage in two different ways:**

Medicare Advantage Plans and Other Medicare Health Plans. These plans include HMOs, PPOs, and Private-Fee-for-Service plans. They offer complete Medicare-covered health care, through a single plan, including drug coverage. Most of these plans generally offer extra benefits and lower copayments than the Original Medicare Plan. However, you may have to see doctors that belong to the plan or go to certain hospitals to get services.

Medicare drug plans. These plans add coverage to the Original Medicare Plan (and some Medicare Cost Plans and Medicare Private Fee-for-Service plans). The Original Medicare Plan is a fee-for-service plan. You can go to any doctor or hospital that accepts Medicare.

8. Are you interested in learning about prescription drug coverage available for you through

- Medicare Advantage or other Medicare Health Plans
- Medicare drug plans
- Both
- Don't know

9. Did you receive a letter from Medicare or the Social Security Administration (SSA) telling you that you are either eligible for or have been approved for extra help paying for your Medicare prescription drug plan costs (premium, deductible, and drug costs)?

- YES, I received a letter from Medicare\*
- YES, I received a letter from the Social Security Administration (SSA)\*

*\* If you received either of these letters, please find it and keep it with this worksheet. You will need to refer to this letter for information when you are choosing a prescription drug plan.*

- NO, I did not receive a letter
- I don't know

10. Are you married?

- YES, I am married

Are you and your spouse's savings, investments, and real estate (other than your home) worth *more than \$23,000?* (This limit will be higher in 2006.) Include items you own by yourself or with someone else. Do not include your home, vehicles, burial plots, or personal possessions.

- YES
- NO\*

- NO, I am not married

Are your savings, investments, and real estate (other than your home) worth *more than \$11,500?* (This limit will be higher in 2006.) Include items you own by yourself or with someone else. Don't include your home, vehicles, burial plots, or personal possessions.

- YES
- NO\*

*\* If you answered "No," you may be eligible for extra help in paying for your prescription drug costs. For more information, see the Social Security Administration's website at [www.ssa.gov](http://www.ssa.gov) or call them at 1-800-772-1213.*



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# MEDICARE PART D ENROLLMENT WORKSHOP

MEMBER: PHIL GINGREY, M.D. (GA-11)

STAFF CONTACT: BECKY RUBY

**ABOUT THIS EVENT:** Seniors are invited to hear Congressman Gingrey give a Power Point presentation on Medicare Part D, followed by a Q and A session with a CMS (Medicare) representative. Seniors can then go to computer labs where trained Gingrey staff and volunteers help them narrow their choices or enroll in a specific Medicare Part D plan. Georgia's 17 Medicare Part D plan providers set up tables at the event so seniors can discuss specific plans with the providers.

## PREPARATION

Who is involved?

All District Staff, who are trained by CMS to use the online Medicare Part D enrollment tool

Select DC staff (Chief of Staff, Health LA, Communications Director)

Are any outside groups involved?

Centers for Medicare and Medicaid

Georgia Council on Aging and local senior services organizations

Georgia Cares (part of Georgia's State Health Insurance Program [SHIP])

Social Security Administration

Georgia's Medicare Part D plan providers

Timeframe for preparation:

A month before the event:

Secured a time/date/location

Contacted Georgia's Medicare Part D plan providers

Promoted the event to senior centers, retirement homes and churches (so the information could go in their monthly calendars and newsletters)

Two weeks before the event:

Recruited volunteers

Ran listing in newspaper community calendars

Pitched preview articles to local newspapers

Week of the event:

Preview articles ran

Contacted press with a media advisory and specific details about the event

Ensured all details were finalized

Press Component

What press did you invite:

We invited print, TV and radio. One radio station took the entire workshop live. Our local paper ran a preview article the week before the event, and a front page article with photos on the day following the event.

B

WHAT WENT INTO YOUR PRESS PLAN FOR THE EVENT?

E

We created a flyer that was distributed to churches, senior centers and retirement homes this got the workshop information into newsletters and community calendars.

S

We pitched a preview story on Medicare Part D enrollment to the local paper.

T

We booked Gingrey on morning radio shows the day before the event.

We ran information about the event in the community calendars in our local newspapers.

P

Gingrey recorded a PSA (through the Conference radio actuality program) that we sent to local radio stations.

We sent out a media advisory to all print, TV, and radio contacts in the area. We followed up with phone calls.

R

We provided the media with a fact sheet and Q and A on Medicare Part D

Other Important Information:

How often do you hold this event?

We have held three of these events, each in a different area of the district, and all three have been successful. We've had attendance ranging from 100 to 500 seniors, and at each event, approximately 50 to 100 seniors actually enroll in a Part D plan.

A

Other important tips for someone planning an event like this:

C

T

I

C

E

S